

New

Renewal

UPA # _____



**United Powerlifting Association, LLC
Membership Application**

(Please Print Clearly - Complete all fields)

Last Name

First Name

Initial

Street Address

City

State

Zip

Area Code

Telephone #

Date of Birth

Age

/ /

Email Address

Membership Number - Office Use

Membership fee - \$30.00 adults

Membership fee - \$15.00 teenage (19 and under)

Please fill out form completely, make check payable to United Powerlifting Association

Mail to:

U.P.A. Headquarters

145 State St

Dubuque, IA 52003

(563) 599-1390

www.upapower.com

I certify that the above information is correct and that I am eligible in the accordance with the rules of the U.P.A.

Signature

If under 18 have parent initial here

Date of Application